

RESIDENTIAL BUILDING PERMIT APPLICATION

City of Springdale Buildings Department
201 Spring Street
Springdale, AR 72764
Phone: 479.750.8154 Fax: 479.756.7701



Date of Application: _____

SITE ADDRESS: _____

Lot: _____ Block: _____ # of Units: _____ # of stories: _____

Subdivision: _____

☐ Single Family ☐ Duplex ☐ Multi-Family ☐ Pool Permit ☐ Repair ☐ Alteration ☐ Addition

Property Owner Information

Property Owner Name: _____

Address: _____

Phone #: _____ Email: _____

Contractor's Information

Contractors Name: _____

Mailing Address: _____

Office # _____ Cell # _____

Email Address: _____

Contact Person: _____ Contact Phone: _____

Structure Information

Heated SQ Feet: _____ Garage: _____ Total SQ Feet: _____ Other: _____

Approximate Construction Cost: _____

Subcontractor's List

Plumber _____

Electrician _____

Heating & Air-conditioning _____

Job Description: _____

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

INSPECTOR APPROVAL: _____ APPROVAL DATE _____ ZONING _____

SETBACKS: _____

ELECTRIC UTILITY CO: _____ MAP # _____ F.F.E. _____